

SOUTH COUNTY HIGH SCHOOL
CLASS OF 2019 ~~~~ ALL NIGHT GRAD PARTY

June 7, 2019 11:00 pm until June 8, 2019 5:00 am

\$40.00 --- Stallion Stampede thru Back to School Night (plus 30 bonus raffle tickets!)

\$50.00 --- 9/13/18 to 5/20/19

\$75.00 --- 5/21/19 until last graduation rehearsal

NO TICKETS WILL BE SOLD AT THE DOOR - Don't miss out on all the fun!!!

Make your non-refundable check* payable to: **SC PTSO**

Mail checks and forms to:

South County High School, Attn: ANGP Tickets, 8501 Silverbrook Road, Lorton, VA 22079

OR

Drop envelopes addressed to ANGP in the school office.

Date Submitted: _____

Student's Name: _____ Nickname / Badge Name: _____

Did you take a photo for the yearbook? Yes _____ No _____

IF NO, attach a recent headshot photo to this form (required for ANGP admission badge)

Parent/Guardian's Name: _____

Parent's Cell Phone: _____ Home Phone: _____

Student's Cell Phone: _____

Parent's Email: _____

Home Address: _____

Student's medical information including allergies: _____

Optional: Include a donation to sponsor a student in need/offset the costs of the party – Amount \$ _____

The South County PTSO is a 501(c)3 organization and all donations are deductible to the extent allowed by law.

If needed, financial assistance is available on a confidential basis through your school counselor (deadline 5/28/19)

Please direct questions to Lisa Mataloni at: angptix@southcountypsto.org

WE UNDERSTAND THAT WE NEED TO COMPLY WITH A COMMITMENT CONTRACT BEFORE STUDENTS CAN BE ADMITTED TO THE ALL NIGHT GRAD PARTY (SEE REVERSE SIDE)

ANGP Use Only:

Date Form & Payment Received: _____ Cash (receipt#) _____ Check # _____

Date Commitment Contract Received: _____ Parent Signature _____ Student Signature _____

Raffle Tickets: _____

*If your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$50.

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Commitment Contract

June 7, 2019 11:00 pm until June 8, 2019 5:00 am

I, _____, plan to attend South County High School's All Night Grad Party on **June 7-8, 2019**. By signing this contract, my parent/guardian and I acknowledge that we have read, understand, and agree to abide by the following:

1. This contract must be completed, signed by the student and parent/guardian, and submitted before students are allowed to enter the party. **To attend the party the student must be a graduate of South County Class of 2019.**
2. **This chaperoned celebration is a drug, alcohol and smoke-free event.** I will not be admitted if it is suspected that I have consumed drugs or alcohol prior to the event. My use of any of these products during the celebration will result in my immediate removal and a phone call will be made to my parent/guardian who will be required to come and drive me home. **NO OUTSIDE FOOD OR DRINK WILL BE PERMITTED. ALL PURSES AND BACKPACKS ARE SUBJECT TO SEARCH AND WILL BE CHECKED AT THE BAGROOM UPON ENTRY.**
3. **I acknowledge that the Grad Party events may include activities which may have some inherent risk of injury to the participant.** By signing this document, I give permission for the SCHS ANGP Executive Committee to seek medical attention for my child in the event that I cannot be reached during an emergency. Should an accident occur or medical treatment is required, I release South County PTSO, the ANGP Committee and its volunteers, and the facility from liability, and acknowledge that my medical insurance will be the primary coverage.
4. I understand that students **must check-in by midnight to enter the ANGP** (check in begins at 11:00 pm) and that there will be no refunds. **I WILL NOT BE RELEASED TO GO HOME UNTIL 5:00 am UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH THE ANGP SECURITY TEAM.** If I decide to leave the celebration at any time before 5:00 am on June 8th, my parent / guardian will be notified before I am allowed to leave. I will not be re-admitted, **nor will I be eligible for prize drawings after I leave.**

PRINT Student's Full Name: _____

Student's Signature: _____

Date: _____

PRINT Parent/Guardian's Full Name: _____

Parent/Guardian's Signature: _____

Date: _____